

Filing Fee \$20.00

LIMITED LIABILITY PARTNERSHIP

STATE OF MAINE

CANCELLATION OF RESERVED NAME

Pursuant to 31 MRSA §804.2.D., the undersigned hereby
cancels the right to the exclusive use of the following name:

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name previously reserved pursuant to §804.2.)

Name of applicant _____

Address of applicant _____
(if an entity, use address of principal or registered office indicating street, city, state and zip code)

DATED _____

APPLICANT

(individual must sign)

(type or print name)

For an Applicant which is an Entity

(authorized signature)

(type or print name and capacity)

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**